## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Fatent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by 10 specifying a new correspondence of indicating a separate FEE ADDRESS for maintenance fee notifications.

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2590 09/17/2008

SCHWEGMAN, LUNDBERG & WOESSNER, P.A.

MINNEAPOLIS, MN 55402

P.O. BOX 2938

Certificate of Mailing or Transmission
I hereby certify that is Fee(s) Transmittal is being deposited with the United
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		1 7/WW.	The same	(Signature)
		December	17, 2008	(Dwie)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/800,596	03/15/2004	Jeffrey A. Von Arx	279.348US2	1790

03/15/2004 TITLE OF INVENTION: ANTENNA FOR AN IMPLANTABLE MEDICAL DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL PEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	12/17/2008
EXA	MINER	ART UNIT	CLASS-SUBCLASS			
SCHAETZL	E, KENNEDY	. 3766	607-060000	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53)  ☐ Change of correspondence address (or Change of Correspondence Address form FTOSB/122) attached.  ☑ "Fee Address" indication (or "Fee Address" Indication form FTOSB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be pranae will be pranae.		evs   Schwegm	an, Lundberg
					. & Woess	ner, P.A.
					p to	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cardiac Pacemakers, Inc.

St. Paul. Minnesota

Picase check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government

4a. The following fee(s) are submitted: Issue Fee

4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.

Payment by credit card. Form PTO-2038 is attached.

Dublication Fee (No small entity discount permitted) ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form). Advance Order - # of Copies

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature /	Levi Parker 1	Date December 17, 2008
Typed or printed name J.	Kevin Parker	Registration No. 33,024

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